

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212516039						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: L. L. Bean, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: ME</p> </div> <div style="width: 35%;"> <p>DUE DATE: 5/31/2012</p> <p>SCC ID NO: F1422932</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMV</td> <td>80,000</td> </tr> <tr> <td>COMNV</td> <td>7,920,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMV	80,000	COMNV	7,920,000
CLASS	AUTHORIZED							
COMV	80,000							
COMNV	7,920,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: CASCO ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: FREEPORT, ME 04033</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHRIS MCCORMICK TITLE: P/CEO ADDRESS: CASCO ST CITY/ST/ZIP/CO: FREEPORT, ME 04033 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHRIS MCCORMICK TITLE: P/CEO ADDRESS: CASCO ST CITY/ST/ZIP/CO: FREEPORT, ME 04033	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
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NAME:	JENNIFER WILSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	BARBARA B GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	SHAWN O GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	STEVE FULLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	JEFFREY J. GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	LEON GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	JAMES W GORMAN, SR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	JASON CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	AINSLEE A BOROFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	LINDA L BEAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		
NAME:	WILLIAM R GORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CASCO ST		
CITY/ST/ZIP/CO:	FREEPORT, ME 04033		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES W GORMAN, JR. DIRECTOR CASCO ST FREEPORT, ME 04033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK FASOLD	MARK FASOLD, TREAS/SEC/CFO	4/30/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			